

Name In Full

Certificate of Death

Anna Margeret Binder
 Town County

Died at

Dorsey P.O.

County

Howard

MARYLAND

Date 1902

Month Day

Oct. 25

Y. M. D.

Age *78-10-5*

Native of

Germany

Occupation

Housewife~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

5

Husband of

Henry D. Binder

Wife

Father's

Name

Ecke

Mother's

Maiden Name

Unknown

Cause of

Primary

Mitral Regurgitation

Death

Immediate

Dilatation

How long sick

3 weeks~~Accident, Suicide, Homicide~~

Reported by

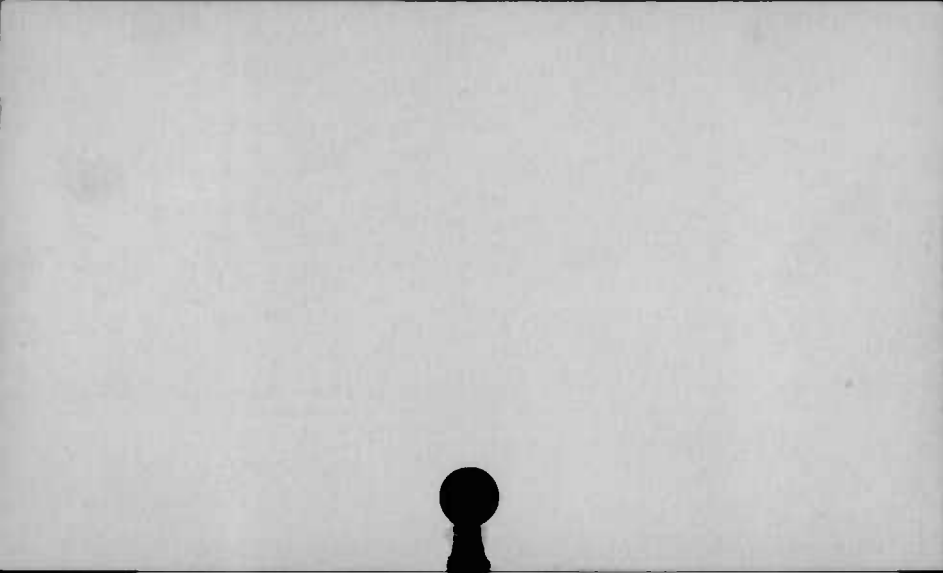
Wm R. Eareckson

Address

Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73993



Name
in
Full

Cordelia Bloom

CERTIFICATE OF DEATH

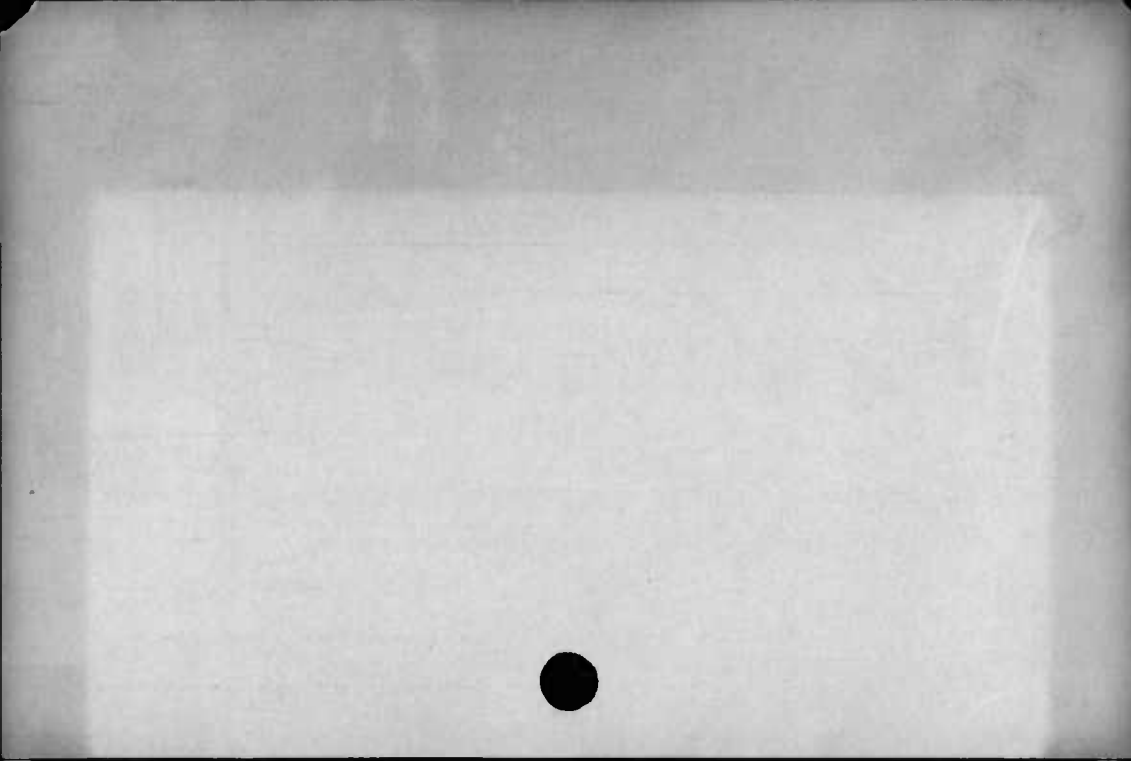
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poplar Springs</i>		Town <i>Poplar Springs</i>		County <i>Grant</i>		MARYLAND	
Date of death <i>1902</i>	Month <i>10</i>	Day <i>11</i>	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race			Birth-place			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Stomach of the stomach</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. O. D. H. H. H.</i>
	Address <i>Liberty, Ind.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Town *Elkridge* County *Howard*

MARYLAND

Date 19

*05*Month *10* Day *14*

Age

10

Native of

Ind.

Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Harris Brown *State Ridgely*
Cholera Infantum

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

105 Dr. W. Longue
Elkridge

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~

MARYLAND

Mother's

Maiden Name

How long sick

Primary

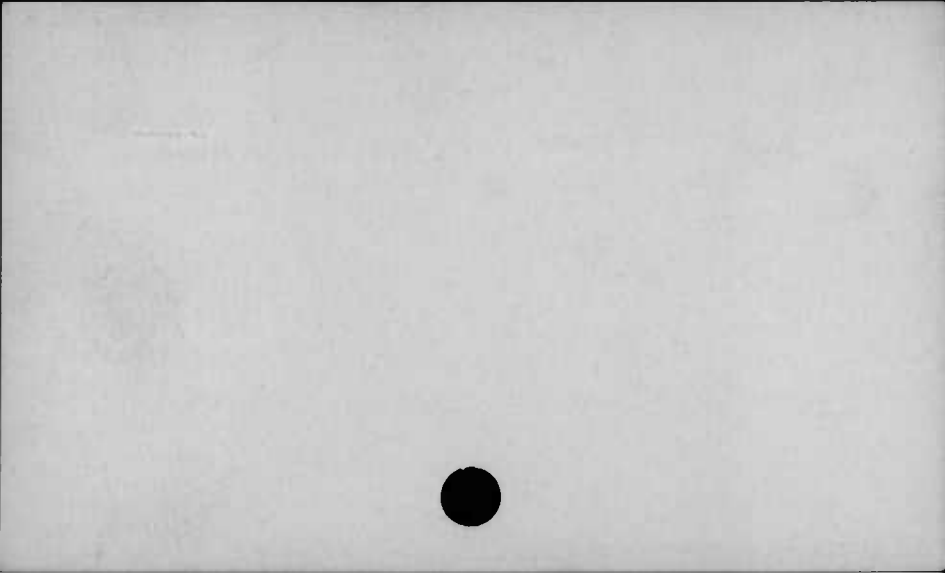
Immediate

1 Week

~~Accident, Suicide, Homicide~~

179

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Name in Full

Certificate of Death

Lizzie Hammond

Died at Pine Orchard Howard County MARYLAND

Date 1902 Oct 19 Age 8 Native of Maryland Occupation non

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Teething

Death

Immediate

How long sick

2 weeks

~~Accident Suicide Homicide~~

Reported by

Milton Easton

Address

Elliotts City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Died at

MARYLAND

Date 1902

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

R. Riggs Hobbs
 Town County
 Glenwood Howard Co
 Month Day Y. M. D. Native of Occupation
 Oct 15- 74. 5. 6 Maryland Farmer,
 White Married Widowed Divorced
 Female Colored Single Widower Number of children living 1
 of Min A. E. Gale Hart 40
 Caleb Hobbs. Mother's Elisabeth Biggs.
 Maiden Name
 Primary Carcinoma of Stomach ten weeks
 Immediate Failing of vital powers Accident, Suicide, Homicide
 F. Walter Sins. M. D.
 Cooksville Howard Co Md.



Horace W. Johnson

Died at ^{Town} alpha ^{County} Howard MARYLAND

Date 1902 ^{Month} oct ^{Day} 1 ^{Y.} 12 ^{M.} 5 ^{D.} 15 ^{Native of} mdx ^{Occupation} none
 Male ~~Female~~ ~~Widow~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

owen Johnson

Mother's
Maiden Name

Lucy Fender

Cause of

Primary

meningitis cerebral

How long sick

about 2 weeks

Death

Immediate

convulsions

~~Accident, Suicide, Homicide~~

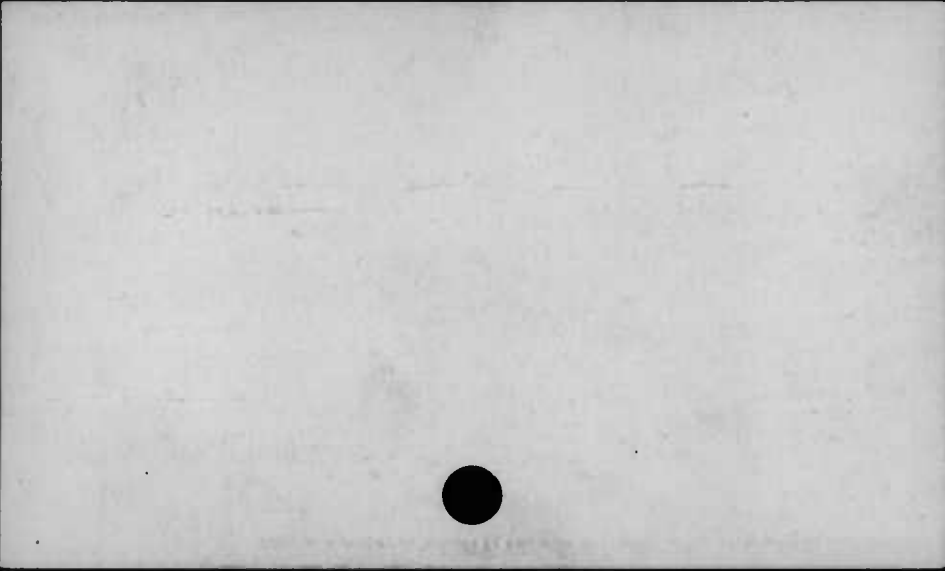
Reported by

Berg H. Shipley M.D.

Address

alpha Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Michael Torle

Died at ^{Town} his home in ^{County} Howard MARYLAND

Date 1902	Month 10	Day 7	Y. 87	M.	D.	Native of Md	Occupation retired
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living 5	

Husband of Sarah Hasler

Father's Name _____ Mother's Name 154

Cause of Death	Primary	Infirmities of Age
	Immediate	Heart Failure

How long sick
2 days~~Accident, Suicide, Homicide~~

Reported by

J. N. Littlejohn M.D.

Address

Savage

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Charles Martin

Died at ^{Town} Ellicott City ^{County} Howard

MARYLAND

Date 1902 ^{Month} Oct- ^{Day} 20- ^{Y.} ^{M.} ^{D.} 42 ^{Native of} U.S. ^{Occupation} Laborer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of ~~Margaret~~ Kate Martin

Wife

Father's 2 Mother's 2

Name

Maiden Name

Cause of Death { Primary Consumption
Immediate Inanition 27

How long sick

Accident, Suicide, Homicide

Reported by B. J. Byrne

Address  Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Mrs Annie Easton Jones
Laurel ~~St~~

Prince George Co.
Md.

Name in Full

Certificate of Death

#4

Mrs. Mary Elizabeth Moleworth

Town

County

Died at Her home

Howard

MARYLAND

Date 1902

Month Day
Oct. 14

Age

Y. M. D.

Native of

Occupation

Maryland Housewife

~~Male~~
Female

White

Married

~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Six

Husband
of
Wife

Eli Moleworth

Father's
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

36 hours

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

J. E. Bromwell M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charles Nagel

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10

1

Age

9

9

Md

X

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Leocote Nagel

Margut Blodman

Cause of

Primary

Rheumatism

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

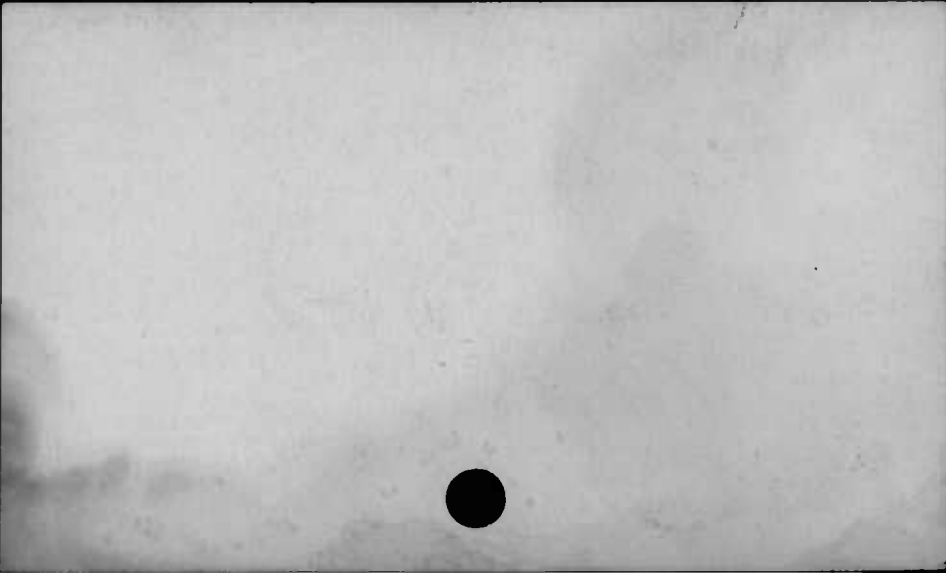
Reported by

Harrison Torgue Ma
Eldridge

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70698



Name In Full

Certificate of Death

Joshua Thomas Perrine

Town

County

Died at

Alberton

Howard

MARYLAND

Date 1902

Month

Day

Oct 21

Y.

M.

D.

Age

57 7 8

Native of

Md

Occupation

N. Special

Male

White

~~Mixed~~~~Widow~~~~Single~~~~Female~~~~Colored~~

Single

Widower

Number of children living

2

Husband
of

Susan Rebecca Fisher

Father's

Mother's

Name

James V. Perrine

Maiden Name

Abigail Lee

Cause of

Primary

Gastric Cancer

How long sick

?

Death

Immediate

Asthma

Accident Suicide Homicide

Reported by

Dr. Wm. D. Sambrill

Address

Alberton

Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Mary Smith

Town

County

Died at

Simpsonsville Howard Co

MARYLAND

Date 19

12 10 14

Y.

M.

D.

Native of

Occupation

Age 68

Howard

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

10 ch

Husband

of

Anna Smith

Wife

Father's

Name

Mary Blackman

Maiden Name

Mother's

Cause of

Primary

Corbun ch

Death

Immediate

Exhaustion

143

How long sick

6 weeks

Accident, Suicide, Homicide

Reported by

J. B. Brown

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Sunder

Town

County

Died at Blannoy Howard co

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
Oct	10		69	4	13	Maryland	Farmer
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living 5	

Husband of Adelaide Masfield & Sunder
 Wife of R H Sunder
 Father's Name R H Sunder
 Mother's Name Margaret Mc Zadden
 Maiden Name Margaret Mc Zadden

Cause of Death { Primary Chronic Degenerative nephritis 9 months
 Immediate Failing of vital organs
 How long sick 9 months
 Accident, Suicide, Homicide

Reported by J Walter Sires M. D.
 Address Colchester Howard co ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Emily S. Thompson

Town

County

Died at

Alberton

Howard

MARYLAND

Date 1902

Month Day
Oct 27

Age

Y. M. D.
67 4 27

Native of

Occupation

Virginia Housewife

~~Male~~

White

~~Married~~

Widow

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 11

Husband

of

Andrew A. Jackson

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Senility

154

How long sick

1 month

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

Wm. Blawhill, W.D.

Address

Alberton

Howard Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Glenn Williams

Died at ^{Town} *Marriottsville* ^{County} *Howard* MARYLAND

Date 19 *02* ^{Month} *Oct* ^{Day} *26* ^{Y.} *7* ^{M.} *-* ^{D.} *-* ^{Native of} *md* ^{Occupation} *—*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *—*

Husband *et*

Wife

Father's Name *Matthias Williams* ¹⁰⁵ Mother's Name *Blare Garret*

Cause of Death { Primary *intestinal catarrh* How long sick *6 weeks*
 Immediate *inanition* ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by *Benj. F. Shipley*
 Address *alpha* *md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

